

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE IN FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/538589							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 1 <sup>ST</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/			51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/	/	/	/			55						
6	/	/	/	/			56						
7	/	/	/	/			57						
8	/	/	/	/			58						
9	/	/	/	/			59						
10	/	/	/	/			60						
11	/	/	/	/			61						
12	/	/	/	/			62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	/	/	/	/			66						
17	2		2				67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20	/	/	/	/			70						
21	/	/	/	/			71						
22	/	/	/	/			72						
23	/	/	/	/			73						
24	(1)						74						
25	(8)						75						
26	(0)						76						
27	/	/	/	/			77						
28	/	/	/	/			78						
29	/	/	/	/			79						
30	/	/	/	/			80						
31	/	/	/	/			81						
32	/	/	/	/			82						
33	/	/	/	/			83						
34	/	/	/	/			84						
35	/	/	/	/			85						
36	/	/	/	/			86						
37	/	/	/	/			87						
38	/	/	/	/			88						
39	/	/	/	/			89						
40	/	/	/	/			90						
41	/	/	/	/			91						
42	2		2				92						
43	/	/	/	/			93						
44	/	/	/	/			94						
45	/	/	/	/			95						
46	/	/	/	/			96						
47	/	/	/	/			97						
48	/	/	/	/			98						
49	/	/	/	/			99						
50	/	/	/	/			100						
TOTAL IND	2		2				TOTAL IND						
TOTAL DEP	50		50				TOTAL DEP						
TOTAL CLAIMS	52		52				TOTAL CLAIMS						

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